

Emergency Services

Pneumothorax (Collapsed Lung)

What is a pneumothorax?

'Pneumo' means air and 'thorax' means chest. A pneumothorax (sounds like new-mo-thor-axe) is a problem where there is air leaking out from your lung. Air gets trapped in the space between your lung and your rib cage. As the amount of air in this space increases, the pressure against your lung causes your lung to collapse. Your lung cannot inflate properly when you try to breathe in. This makes it hard for you to breathe and can give you chest pain.

What causes a pneumothorax?

The most common causes of a pneumothorax are:

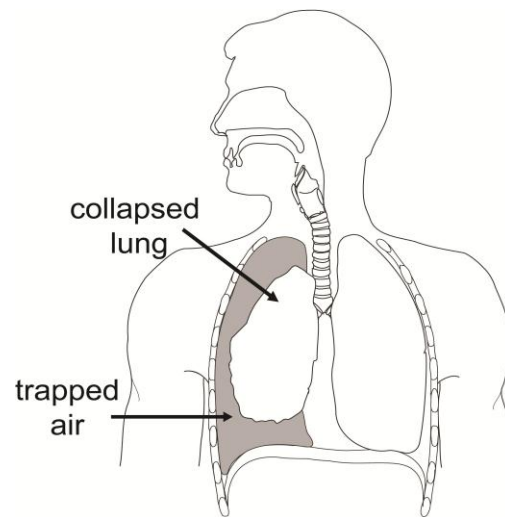
- An injury to the chest such as in a fall or a car accident
- A wound to the chest such as a stab wound or puncture wound
- Broken ribs

A pneumothorax can suddenly happen for no reason at all. We call it a 'spontaneous pneumothorax'.

People who are more likely to have a spontaneous pneumothorax:

- Young, healthy, tall, thin people
- Smokers
- People with a chronic or life-long lung condition

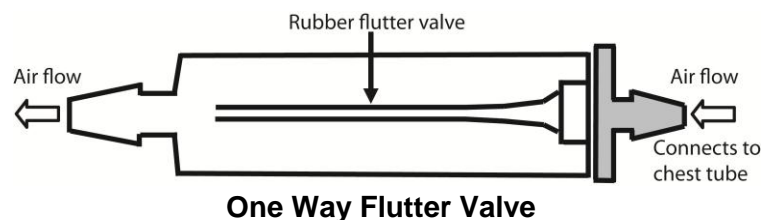
Return to the Emergency Department for a chest x-ray on: _____



How is a pneumothorax treated?

A small pneumothorax might heal by itself. The trapped air is slowly absorbed by the body.

With a larger pneumothorax, the air around your lung needs to be removed so your lung can re-inflate. We insert a chest tube between your ribs into the pocket of air. The chest tube connects to a 'one-way flutter valve'. The valve lets air out but does not let air into the air pocket.



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How long is the chest tube left in?

We leave the chest tube in place until the leak is healed and no more air collects. This can take several days.

Before taking the tube out, we take a chest x-ray to make sure your lung has re-inflated. If the air pocket is gone and you are breathing easily, we remove the chest tube.

When to get help

Go to the nearest Emergency Department if:

The chest tube falls out.

Before leaving for the hospital:

- Cover the opening on your chest with clean, dry dressing.
- Tape the dressing in place.

You become short of breath or find it harder to breathe.

You have chest pain that gets worse or does not go away with pain medicines.

You have a fever over 38.5°C (101.3°F).

How to take care of yourself at home

- Rest.
- If you have pain or discomfort, take pain medicines as directed:
You can take plain acetaminophen (such as Regular Tylenol) or ibuprofen (such as Motrin or Advil).
- Do deep breathing exercises at least every hour while you are awake.
 - Take a deep breath and hold the breath for 1 to 2 seconds.
 - Breathe out. This might make you cough and this is normal.
 - Do this 10 times.
- Keep the chest tube from getting kinked or clamped off. It is normal to hear noise from the flutter valve as you breathe in and out such as a fluttering sound or a honking sound. If you do not hear any sound, either the air leak has stopped or the tubing is blocked. Check the tubing for kinks.
- Keep a clean, dry dressing on the site where the chest tube goes into your chest.
- Take sponge baths. **Do not** bath or shower. **Do not** go into hot tubs or swimming pools.
- **Do not** remove the one-way flutter valve from the chest tube.
- **Do not** do any strenuous activity or any heavy lifting.
- **Do not** smoke. Take steps to quit smoking. You are more likely to have another collapsed lung if you continue to smoke.

To learn more, it's good to ask:

- Your family doctor

HealthLinkBC - call 8-1-1 (7-1-1 for deaf and hard of hearing) or go online at www.HealthLinkBC.ca.